

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **J46846** (8)

1. Corporation Name

FIRST MED BOCA, INC.



Principal Place of Business

Mailing Address

~~201 NW 82ND AVE~~ **7676-D Peters Rd** ~~201 NW 82ND AVE~~ **7676-D Peters Rd**
~~SUITE 806~~ **SUITE 306**
PLANTATION FL 33324

| | | | |
|---|--|--|--------------------------------|
| 2. Principal Place of Business | 2a. Mailing Address: | 3. Date Incorporated or Qualified | 3a. Date of Last Report |
| 21 | 26 | 12/09/1986 | 04/19/1995 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | 4. FEI Number | Applied For |
| 22 | 27 | 59-2771393 | Not Applicable |
| City & State | City & State | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| 23 | 28 | <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| Zip | Country | 6. Election Campaign Financing Trust Fund Contribution | <input type="checkbox"/> |
| 24 | 25 | 29 | 30 |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PIOTRKOWSKI, JOEL S.
627 - 71ST ST
MIAMI BEACH FL 33141

| |
|--|
| 81. Name |
| 82. Street Address (P.O. Box Number is Not Acceptable) |
| 83. |
| 84. City |
| 85. Zip Code |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0506, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent's signature required when re-appointing)

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|--|
| TITLE | ASD DEJESUS, NANCY <input checked="" type="checkbox"/> DELETE | 1.1 TITLE | ASD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | DEJESUS, NANCY | 1.2 NAME | ZHENG, HEGANG |
| STREET ADDRESS | 201 NW 82 AVENUE S-306 | 1.3 STREET ADDRESS | 7676-D Peters Rd |
| CITY - ST - ZIP | PLANTATION FL | 1.4 CITY - ST - ZIP | Plantation, FL 33324 |
| TITLE | VPD <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | VERBLOW, CLIVE | 2.2 NAME | |
| STREET ADDRESS | 201 NW 82 AVE., #306 7676-D Peters Rd | 2.3 STREET ADDRESS | |
| CITY - ST - ZIP | PLANTATION FL | 2.4 CITY - ST - ZIP | |
| TITLE | ASD <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FORD, ALLEN | 3.2 NAME | |
| STREET ADDRESS | 201 NW 82 AVE., #306 7676-D Peters Rd | 3.3 STREET ADDRESS | |
| CITY - ST - ZIP | PLANTATION FL | 3.4 CITY - ST - ZIP | |
| TITLE | ASD <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KELSO, LISA L | 4.2 NAME | |
| STREET ADDRESS | 201 NW 82 AVENUE #306 7676-D Peters Rd | 4.3 STREET ADDRESS | |
| CITY - ST - ZIP | PLANTATION FL | 4.4 CITY - ST - ZIP | |
| TITLE | P <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | REITER, BEN | 5.2 NAME | |
| STREET ADDRESS | 201 NW 82 AVE #306 7676-D Peters Rd | 5.3 STREET ADDRESS | |
| CITY - ST - ZIP | PLANTATION FL | 5.4 CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 6.4 CITY - ST - ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034 (12/95)